



IO 4 advanced training modules for the teachers and professionals involved

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Project number: 2017-1-DE02-KA202-004136

IO 4 Module 2 Learning and behavioural disorders in vocational rehabilitation

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What to expect (1)...

- Before – Afterwards
- Success model Vocational training centre
- Some figures - Participant intake survey (TEE)
- Young people in difficult circumstances
- Learning and learning disorders
- Self-experiment - What happens?
- Performance behaviour with learning disabilities
 - **Magritte:** *“Make thinking visible”*
- Comorbidity (accompanying disorders)
- Did you know?

What to expect (2)...

- A little pedagogy - choice of tasks
- About learning in relationships
- Ten tips for teachers
- Reference book recommendation
- Last but not least: **Herbert** – or “*Management by circumstance*”

Success model Vocational training centre (1)

- No “Handi-Cap” (Bettel), rather help for **self-help!**
 - 1949: GG, Art. 3 (3) “... Nobody may be disadvantaged due to his/her **disability**”.
 - 1969: Vocational Training Act BBiG, Employment Promotion Act AFG
 - 1970: “Action program of the Federal Government to promote rehabilitation of the disabled” (Network plan)
- **BBW = BSpecial BEducationalW**orld for special young people, and **excellent** (and exclusive) learning location
- Above all, the **meaningful** (Training) **practice** has been motivating and reconciling with the topic over 3 - 4.5 years “Learning” as a necessary evil.
- Special education: **Pick up** where the individual is!

Success model Vocational training centre (2)

- The basic structure of the BBW takes into consideration the **disadvantages** of disabled and disadvantaged young people especially, **short ways** between **coordinated** Learning locations Training company, (special) vocational school and boarding school as well as the quality-enhancing specialist services, and (also) reminds of **polytechnic** pedagogical ideals.
- **Success factors...**
 - Structure - Relationship - Cooperation - Disabled-friendly support concepts - time
- The **overall** training **aims**:
Reliability - **T**olerance - **A**utonomy.

Some figures - TEE (1)

- Learning disability 2004 - 2014 in percent

	2004–2005	2006–2008	2009–2011	2012–2014	Δ
BvB	56.8	63.2	60.8	55.8	- 17.5 ^a
Training	57.4	58.6	54.9	48.7	- 13.2 ^a
Prevalence ^b	2.0 – 3.0				
Support rate L ^c	2.7	2.7	2.6	2.6 – 2.8 ^c	- 0.1?
Support focus L ^d	48.1			37.7	- 10.4

a: [max, min] incl. 2015; b: Prevalence = basic frequency, c: Support quota = Proportion of L-students in special and general schools in relation to the total number of students in Class 1 - 9/10; KMK, DOK 210; d: 2.62% L + 0.16% LSE in 2014

Some figures - TEE (2)

- **Mental disability^a 2004 - 2014 in percent**

	2004–2005	2006–2008	2009–2011	2012–2014	Δ
BvB	43.0	49.7	52.4	57.2	+ 24.0 ^b
Training	34.6	39.9	47.3	56.7	+ 26.4 ^b
Prevalence ^c	17.0			17.8	+ 0.8
Support rate ES ^d	0.5	0.6	0.8	1.1	+ 0.6
Support focus ES ^d	9.5	11.5	13.4	16.1	+ 6.6

a: Behavioural disorders, neurotic, stress and somatoform disorders, AD(H)D, personality disorders, psychoses, addictions, autism, anorexia nervosa and bulimia, other mental illnesses; b: [max, min] incl. 2015; c: Child and Youth Health Survey (KiGGS) 14–17 year olds; d: KMK, DOK 210

Some figures - TEE (3)

- Overview:** Types of disability 2004 - 2015 in BBW [%]

B types (Diagnostic groups)	2004		2015		Δ		Trend
	BvB	A	BvB	A	BvB	A	
L	56.4	59.7	50.8	47.6	-5.6	-12.1	↓
P	41.3	34.3	65.3	60.7	+24.0	+26.4	↑↑
S	29.5	16.8	20.5	19.2	-9.0	+2.4	↓/≈
Skin and allergies	13.0	11.0	12.1	10.7	-0.9	-0.3	≈

Some figures - TEE (7)

- **Sowa, F. & Staples, R.** (Ed.).(2017). *Advice and mediation in the welfare state*. Baden-Baden: Nomos.
 - Numerous **restructuring** of the employment services are an extremely visible element of the welfare state **change**.
 - In a special way the introduction of an “activating” social policy and its according to **business criteria** aligned organisations as well as the establishment of **private sector efficiency and rationalisation ideas** (⇒ **Mc Kinsey** et al.) have transformed the employment services.
- **Bonmot**: “In the past, the rehabilitation advisor was respected, spent **a lot of** money, today he or she is the one who spends as **little** money as possible.”

Young people in difficult circumstances (1)

Urs Haerberlin (1998) defines succinctly: Special education (**special form** of pedagogy!) is “nothing more than pedagogy under **difficult conditions**”. **Aggravating** and learning **inhibiting** can be (in interaction!):

1. Often unfavourable **socio-cultural-economic milieu**

- Early **psycho-social risks*** are coupled with among other things an increased risk for the presence of a **substance abuse** in young adulthood as well as with increased **externalising** (aggressive) and **internalising** (fearful-insecure) problematic behaviour. (**Zohsel et al.**, 2017)
- * Parents: Death, divorce, other separation, mental illness, substance abuse, crime, violence; abuse, sexual abuse, neglect; severe childhood illness, poverty, etc.

Young people in difficult circumstances (2)

2. Individual **special** characteristics (Grünke & Grosche, 2014)

- Restricted **area-specific basis** or **(prior) knowledge**
 - For example with regard to multiplication tables, fractions, phonological rules of language; a narrow knowledge base does not allow links with new learning content (Weinert & Helmke 1997, p. 459)
- Limited **metacognitive action control**
 - For example, solutions are only planned sketchily and superficially, one's own knowledge acquisition is not sufficiently observed, learning progress is not controlled enough and unfavourable learning paths are not changed as required
- Limited command of **learning strategies**
 - e.g. no purposeful implementation of the planned procedure (sometimes due to lack of partial skills)

Young people in difficult circumstances (3)

- Limited **motivation** (see below) and **concentration** (“Support functions”)
 - e.g. low willingness to make exertion, too little “net learning time”, little stamina, easily distracted, alternative activities (guessing, playing around, anger, etc.)
- 3. Lack of **adaptivity** of the **teaching** (**Gold**, 2014); **Kobi** (1980, 2002) speaks of **teaching** disability, specifically e.g. ...
 - too little cognitive activation or too high demands (**goals**), too little individual support (**methods**), too little active learning time (**time**)
 - Living environment and norms **collision**: educated middle class teacher -
Lower class pupils (**Hiller**, 1991; **Weiss**, 2009)

Young people in difficult circumstances (4)

4. In addition to the previously mentioned **tertiary** cause factors (points 1, 2 and 3) (**neuro-**) **biological risks** are not to be forgotten (**Nissen**, 1977):
- **primary**: endogenous causes, genetic or congenital
 - **secondary**: exogenous brain damage before, during, after birth

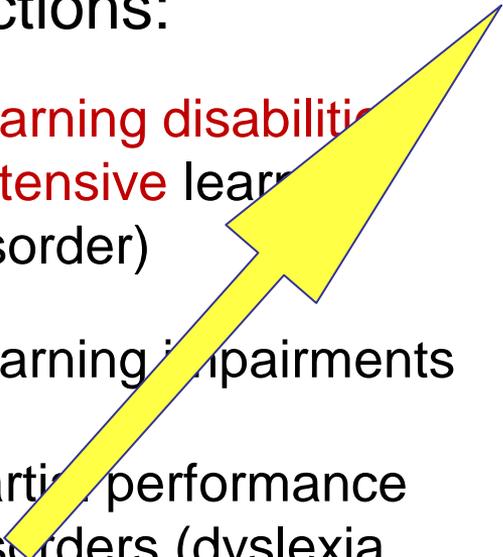
These causes **together** , individually weighted, all cause (**brain-**) **organic** damage, especially in the form of **fine neurological dysfunction** which, observable as partial performance weaknesses, under **unfavourable** development conditions can lead to and possibly generalise and fix behavioural disorders.

Learning and learning disorders (1)

- **Learning** - The linchpin of every human development - is a **highly complex process** from the interplay of neurophysiological, biochemical, cognitive, emotional, motivational and social processes that lead to changes in behaviour.
- **Learning** is the **outstanding and comprehensive** psychophysical “**Adjustment function**” of humans. “**Man becomes man through learning.**”(Kanter, 1977)
 - The **central** importance of the function of learning is a fundamental insight in human sciences. **Disorders** of learning are just as **complex** and **multi-faceted** as learning.

Learning and learning disorders (2)

- Forms of increase of **mental** learning and performance restrictions:

- 4 **Learning disabilities** (**intensive** learning disorder)
 - 3 Learning impairments
 - 2 Partial performance disorders (dyslexia, dyscalculia)
 - 1 Learning difficulties
- 

- There is a **continuum** of different **forms of disorder** of learning.
- Their **expression** is decisive.
- For the **precision** of a support diagnostic **distinction** in individual cases the measurement and assessment of the learning disorder related to **severity**, **scope** and **duration** is essential.

Self experiment (1)

- **Demo-experiment** - Learning disabilities
 - **Continue pattern** (“fast and nice/exact”): per line **15** Sec.

£ £ £ £

What happens? (1)

1. Passage (dominant hand = **low** requirement)
 - Disability at first “**invisible**”
 - *What I perceive is true!* ⇒ **No** (obvious) disability!
2. Passage (other hand = **high** requirement)
 - Working **behaviour slower** (fewer signs), no unconscious automatic (= fast, efficient), but conscious and detailed action (= coordination) ⇒ **Concentration costs**
 - Working **result**: High effort (**more exhausting**) with low yield (**fewer**) = Action is **inefficient** (**uneconomical**)
⇒ Performance **limits** in spite of motivation!
 - *What I perceive (now) is true (now)!* ⇒ **A** only now (under certain requirements) obviously growing disability, so to speak “*at the second glance*”!

What happens? (2)

- **Emotional** Rating: Self-esteem says “**inadequate**”.
 - ⇒ **Frustration** = chronic disappointment or chronic failure
 - ⇒ Four possible subsequent variants to restore the “*Mental balance*”:
 - (Excessive demand) aggression?
 - Regression?
 - Resignation?
 - Escape, avoidance?
- } = secondary **Neurotisation**
- ⇒ Ability **self-concept**, Future learning **target** setting, etc. are also and centrally affected **confidence**
 - The need for (medical, academic, professional, social) **(re)habilitation** in individual cases!
 - Conclusion: Those affected are particularly noticeable when **requirements** affect their problem area (learning)!

Performance behaviour with learning disabilities (1)

- **Typical** features and **educational** key questions for students with learning disabilities: They...
 1. **Expenditure of time** (Tempo \Leftrightarrow Info-processing speed): grasp, learn, work, etc. usually (significantly) in a slowed down way.
 \Rightarrow Is there individually **enough time** available for learning, working and developing themselves ?
 2. **Learning capacity** (Scope, structure \Leftrightarrow **Working memory**): learn less (less memory and planning ability), more fragmentary and collage-like (less in context).
 \Rightarrow Is solid **basic knowledge** ensured (limited to the essentials/elementary, procedure in manageable learning steps, demonstration, practice/repetition)? Should, if available, a **special(vocational)school** be visited?

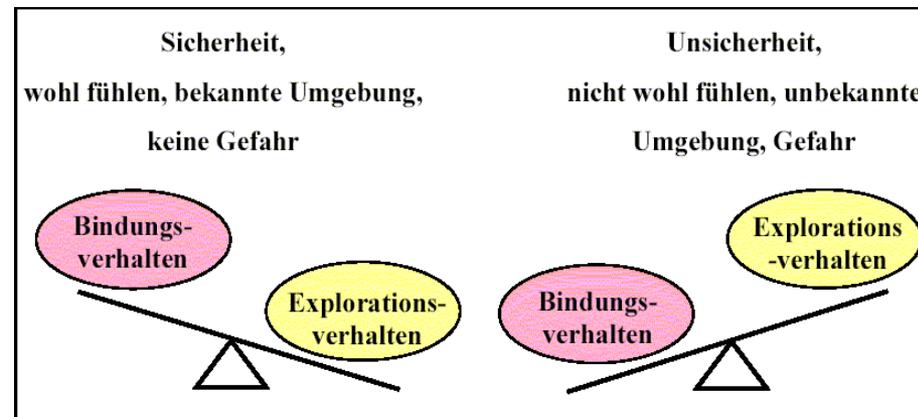
Performance behaviour with learning disabilities (2)

3. **Abstraction** (Factual logic: what matters): they have problems with generalising and drawing conclusions, especially at the linguistic level, more perception than thought.
⇒ Does the teaching-learning process take place clearly, **action-oriented**, specific and realistic?
4. **Action organisation** (Metacognition): show little advance foresight and security in organisation, planning and control.
⇒ Are **specific** instructions for action and permanent **feedback** by **role models(!)** guaranteed?
5. **(Learning) transfer**: have already problems with the transfer to something similar, are attached to situations and details.
⇒ Are **solution patterns** practised, **positive habits** educated and then made more flexible?

Performance behaviour with learning disabilities (3)

6. **Personal dependency**: learn and work very person-dependently and are often insecure (= high socio-emotionally-oriented energy expenditure at the expense of exploring and learning).

- **“Binding scale”**



⇒ Is the educational **relationship creation** familiar, reliable, continuous and consistent?

Does the person work with the 4 educational **areas of tension**: proximity - distance, setting limits - granting tensioning - relaxing, reflecting - acting?

Performance behaviour with learning disabilities (4)

- 7 **Extra functional key qualifications:** have interdisciplinary key skills that are poorly developed in terms of personnel, social and technical and methodological terms.
⇒ Are extra-functional qualifications as **cross-sectional requirements trained every day** ?
- By the way: **Specialist practitioner** training, today regulated according to § 66 BBiG / § 42m HwO, started in **1978** and is aimed primarily at young people with learning disabilities.

Magritte: “*Make thinking visible*”

Illustrative
perception



Linguistic
abstraction

HEAVEN

Comorbidity [accompanying disorders] (1)

- **Concomitant disorders** of learning disabilities relate, depending on your point of view, to their **conditions** or **consequences** (**Bleidick**, 1998), e.g. ...
 - **Language**: poor language performance
 - **Perception, Imagination**: less structured perception and language skills
 - **Attention**: more easily distracted, not very persistent
 - **Emotions**: emotionally unstable, worse differentiation of feelings and will.
 - **Behaviour**: Tendency to extreme behaviour (e.g. lack of distance, aggression vs. inhibited withdrawal) and difficult social adjustment
 - **Overlaps** L - V/SE: 63% (**Strobel**, 1975), 46% (**Myschker**, 1980), 70% (**Petermann**, 1993), 64% (**Walter**, 2009)

Comorbidity [accompanying disorders](2)

- **Walther, P.** (2009). Behavioural problems at special schools for learning assistance. *Special education online* 01/09, 50-68.
 - **Teachers** processed the “Teachers Report Form” questionnaires (TRF after **Döpfner et al.**, 1994) of N = 199 L-pupils, 12-18 years. The participating schools (7) were randomly selected in Hessen, North Rhine-Westphalia and Bavaria.
 - Conclusion:
 - 31% (especially girls) are estimated to be in the “**internalised** disorders” as “**clinically evident**”, 36% (especially boys) in the area of “**externalised** disorders”.
 - Only 36% were “**clinically normal**”.
 - The average frequency of diagnoses “overall” per student is **1.3**. (Comparison **BBW** 2012 - 2014: **2.2 – 2.3**)

Comorbidity [accompanying disorders](3)

- **Mental disorders** and **behavioural problems** generally occur in people with intellectual disabilities **more often** than in the normal intelligent population (Ponoma Project 2008; Emerson, 2003; Emerson & Hatton, 2007; Emerson et al., 2010).
- **Emerson et al.** (2010) compared in a longitudinal study on an Australian sample (N = 4,337, age 6 - 7 years) the frequency of occurrence of psychological problems in children with **Lower intelligence/intellectual disabilities** (IQ <70) with those of children with **learning disability** (70 ≤ IQ ≤ 85) and a **normal intelligence** control group.

Comorbidity [accompanying disorders] (4)

- **Prevalences** (Emerson et al., 2010)

	Intellectual disability (%)	Learning disability (%)	Control group (%)
Behavioural problems	24	19	8
Emotional problems	13	15	6
Hyperactivity	26	15	8
Problems in peer group	35	21	11
Odds ratios			
Behavioural problems	3.4	2.3	1.0
Emotional problems	2.2	2.5	1.0
Hyperactivity	3.8	2.0	1.0
Problems in peer group	4.4	2.2	1.0

Reading example: The chance of having behavioural problems is twice as high in people with learning disabilities

(2.3 times) as in normal intelligence people.

Comorbidity [accompanying disorders] (5)

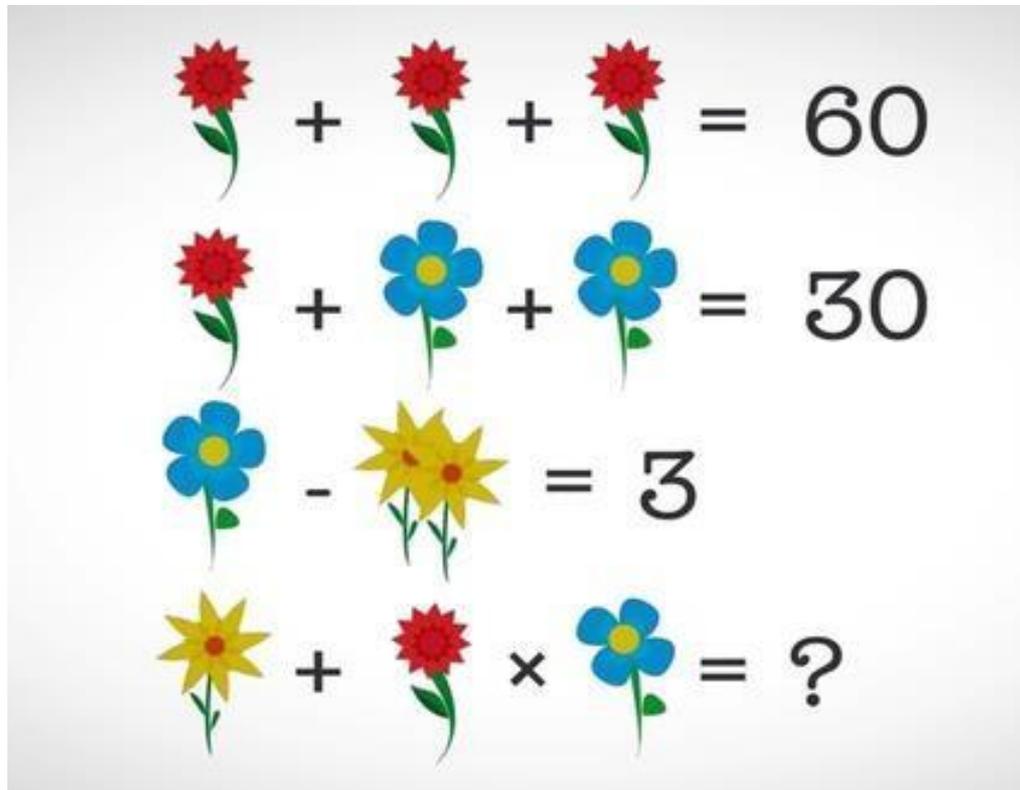
- **Peña-Salazar, C. et al.** (2018). Psychopathology in borderline intellectual functioning: a narrative review. *Advances in Mental Health and Intellectual Disabilities*, Vol. 12 No. 1, pp. 22–33.
 - Studies of psychiatric comorbidity in people with **borderline intelligence** (BIF) are **rare**.
 - The overview (1995-2017, 224 studies) on **mental disorders** in people with BIF, the epidemiological relevance of psychiatric comorbidity shows the frequency and distribution of diseases in the population.
 - Psychiatrists, general practitioners, and outpatients should be aware of this **risk** in people with BIF.

Comorbidity [accompanying disorders] (6)

- The **most common** accompanying psychiatric disorders include...
 - Personality and post-traumatic disorders in particular, as well as psychotic disorders, followed by ADHD and sleep disorders.
- People with BIF have a psychiatric comorbidity **more often** than persons with normal intellectual function.
- **Some** psychiatric comorbidities were similarly common in patients with BIF and those with mild or moderate intellectual disability (ID); however, the prevalence was always higher in people with severe ID.
- **Environmental factors**, especially psycho-social adversity, appear to play an important moderator, i.e. **mediator role**.
- **Pharmacotherapy** is the most common treatment approach, also for behavioural disorders.

Did you know? (1)

- **Tricky** flower puzzle



Did you know? (2)

- **Solution** of the flower puzzle:

$$1 + (20 \times 4) = 81$$

A little pedagogy - Choice of tasks (1)

- **Educational** basic principle for learning disabilities
 - **Inductive learning** (“from a specific example to a general statement”) has priority!
 - Sensual experience - reflect, make conscious - define - form orders (terms, conceptual systems) - classify linguistically = understand
 - **Deductive “learning”** (“From the general statement to the specific example”)
 - Reverse development from the conceptual to the mental update of associated sensual, elementary experience content
 - **Thinking** as “juggling” with **languages** symbolically represented thought content in the sense of “**Internal trial behaviour**” (**Freud**) is usually not so well achieved by learning disabled people.

A little pedagogy - Choice of tasks (2)

- **Ideal** are tasks that exceed the competence of the learner, but with effort and assistance from others (teachers, trainers, etc.) **can still** be mastered. (**Wygotsky**, 1978: “Zone of the next development”)
- To select such tasks, teachers need to know where the learners “stand”. (**Status diagnostics**)
- Both together, the assessment of the current skills of the learners and the selection of suitable tasks from the “Zone of next development” - make a **learning-conducive** (Micro-) **adaptivity**.
- This is particularly successful when teachers consider the following **questions** : R – P – P – S
 1. Which **routines** have to be mastered? (R = **Requirements**)

A little pedagogy - Choice of tasks (3)

2. Which (specialist) **terms** need to be understood and which **facts** need to be known so that a certain learning option can be used?
(R)
 3. What are the knowledge and skills like that the actual trainee already **brings**? (P = **Previous knowledge and skills**)
 4. To what kind of knowledge and skills can one **connect** ? (P)
 5. Where are sources for **misunderstandings**? (P = frequent **problems**)
 6. What different **possibilities** are there to express and explain a certain fact? (S = **Support**)
 7. Which **forms of illustration** can be offered? (S)
- As a result of such an analysis, an individually suitable **Learning environment** can be produced.
 - Individual differences are then often less evident in the **way** of learning than in the required learning**time**.

A little pedagogy - Choice of tasks (4)

- Example: **Tricky** flower puzzle
 1. **Routines**, requirements: Precise optical perception, systematic comparison, reasoning, arithmetic
 2. **Terms**: Number concept and number system, including arithmetic including of the 100 number range
 3. **Previous knowledge**: Arithmetic (see point 2) is known and secured
 4. **Connection points**: Possibly, calculating in the 10-digit range
 5. Possible **Problems/Barriers**: Perception of detail (number of petals), calculation rule “**Point before line calculation**”
 6. **Support**: Indications of barriers (see point 5) after a certain amount of effort (not immediately), before the motivation wanes
 7. **Illustration**: Already given by the assignment

About learning in relationships (1)

- What is meant by learning is closely related to the idea of the **learning subject** .
 - **Aristotle**: **zoon politikon** = the human being as a social, community-based and community-building being
- The important role of “others” in learning makes a **relational** learning understanding necessary: Teaching-learning is an interactive and **dialogical** relationship occurrence.
 - Above all, the relationship determines the processing of information. *“The **relationship level** determines what is absorbed on the **factual level**.”* (Watzlawick et al. 1996, p. 56)

About learning in relationships (2)

- If no relationship is established successfully, things will be on the wrong foot right from the start.



- **Factual** level (20%) - **Relationship** level (80%). It exercises “chemically” an essentially **greater influence** on communication, but often works unseen.

About learning in relationships (3)

- **Learn** with the **role (model)** according to **Bandura** and its **conditions** (**Zimbardo & Gerrig**, 1999, p. 233)
 - The learner must have an **emotional relationship** to develop the model or to **acknowledge** it.
 - The model needs to be in some way **important**, **popular** or **be respected** , authority and power and/or have a high social status, e.g. parents, friends, teachers, bosses.
 - The behaviour must be **reachable** and **comprehensible**.
 - The model behaviour must have brought **success** and have been strengthened.
 - The existing **competence of the observer** must be enough to imitate the behaviour.
 - The learner must be strengthened to show the adopted **behaviour**.

About learning in relationships (4)

- Four **relational** educational areas of tension
 - **Emotional** dimension (pleasant - uncomfortable)

Extreme: the good pal	Proximity Interest / participati on	↔	Distance inner - outer	Extreme: the big beast
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- **Social** dimension (subordination / classification - superiority)

Extreme: the indifferent one (laissez- faire)	Granting . Observe “long reins”	↔	Set limits Control behaviour with “short reins”	Extreme: the autocrat (authoritari an)
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About learning in relationships (5)

- **Motivational** dimension (setting goals - conveying calm)

Extreme: the constant stressor	Tension demand	↔	Relaxation promote	Extreme: the “dolce far niente”
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- **Actional** dimension (active, energetic – passive, powerless)

Extreme: the blind activist	Pedagogical action direct, client-centered	↔	Reflecting think ahead, meditate afterwards and decide	Extreme: the plan maker
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About learning in relationships (6)

- A good **balance** of **empathy** (empathic understanding, appreciation) and **guidance/leading** is at the heart of any educational relationship!
- *“The **dose** determines whether a thing is a cure or a **poison.**” (Paracelsus).*
- On the part of the educational staff, this requires excellent **professional training** as well as the “**heart**”, as well as **framework conditions** that make such a complex and demanding job possible.

Ten tips for teachers (1)

- When your teaching is **not** how you want it to be (**Dollase**, 2004):
 - You have **not been on form** (sick, distracted by private problems, etc.).
 - You have invested **too little time** in class preparation.
 - You **know too little** about your students.
 - You have **no positive relationships** with your students; you don't like them ...
 - You go unnoticed **are cold, disinterested** towards the students, **are mean** or behave **in a non-reversible way**, ...
 - You have given your students the **feeling** the subject is not clear, the practical **benefit remains unclear**, ...

Ten tips for teachers (2)

- You do not go out of yourself **are not enthusiastic** (passionate, enthusiastic), **are unconvincing**, ...
- You are **not in full-time employment** in teaching (*“Whoever has no task becomes a task!”*).
- You may also find the subject matter **boring**.
- You always use the same teaching methods, and you have used **too little variety** in class.

Reference book recommendation (1)

- **Learning disability, disability**
*“at the **second glance**”*

Of conceptual imprecision, complex impairments and educational solutions.

Paperback - 1. 8 2016, 288
pages, 19.90 Euro,
www.lernen-foerdern.de



Reference book recommendation (2)

- *50 years together with LERNEN FÖRDERN - Participation in the 21st century.*
- Paperback – 09.11.2018, 376 pages, 19,90 Euro, [available at www.lernen-foerdern.de](http://www.lernen-foerdern.de)



Last but not least: **Herbert** - or "*Management by circumstance*"



- Human Resources Manager
- Marketing Manager
- Logistic Manager
- Communication Manager
- Security Manager
- Internal Supervisor
- IT Manager
- Project Manager
- PR Manager
- Product Development Manager
- ,
- ...and – **Herbert**

Annex

- What is meant by learning disability? -
Definitions

What is meant by learning disability? (1)

- Definition: **Learning disability** resp. **Learning impairment** concerns according to **Werning & Lütje-Klose (2012)** People who...
 - due to significant [**serious**] and more diverse [**more extensive**] **difficulties** (Nota bene: Which exactly?) are and will be impaired in their learning,
 - **often fail at school** and
 - due to their mostly **considerably more difficult living and development conditions** (Nota bene: Which exactly?) need [**long-lasting**] more competent educational **support**.

Source: **Werning, R. & Lütje-Klose, B. (2012)**. *Introduction to pedagogy for learning disabilities*. Munich: Ernst Reinhardt Publishing House.

- Learning disability = **product** of individually differently combined **inner** and **outer** conditioning factors

What is meant by learning disability? (2)

- The **requirement** for special needs education **support** can, regardless of the support location, still be ensured almost without errors by a meaningful **fourfold-criteria** (cf. **Grünke**, 2004):
 1. **School achievement level: Persistent failure?** (according to **scope** [German, mathematics, ...] and **seriousness** [at least 2 school years behind the school year])
= Performance**reality**
 2. **Intelligence** (grade and profile) = indicator of learning**ability** (**Neubauer**, 2007): **Low IQ?** (IQ 70 - 85; exceptions = IQ > 85: “Underachiever”, “Pseudo learning disability”, ...!)
= Performance**potential**
 - **Correlation** School achievement - intelligence is **quite high**: $r \approx$ (min) .50

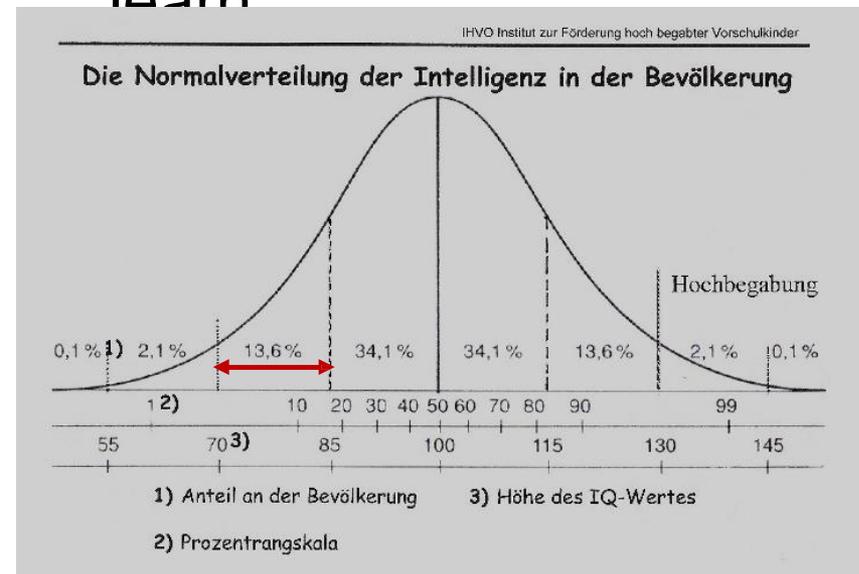
What is meant by learning disability? (3)

3. **Social adaptability, personality maturity:** Social adaptive disorder (“*Social competence*”)?, Insufficient social maturity?
 - Not: “difficult to educate”, rather **reduced** age-appropriate self-responsibility (taking care of oneself), classification in the community, assuming social roles (pupil, trainee, employed person, father, mother, citizen, ...) etc.!
 - **Correlation** Social adaptation - Intelligence **less clear**: $r \gtrsim .25$
 - Decrease in adaptability with decreasing test intelligence
 4. **Exclusion:** Insufficient learning opportunities, sensory impairment
- **Summa:** For people with learning disabilities, it is usually about a **comprehensive development deficit** with great heterogeneity - many **individual cases!**

What is meant by learning disability? (4)

- A disruption of learning **ability** can significantly reduce opportunities and be detrimental to professional and social participation.

- Intelligence \approx Ability to learn



Imprint

Intellectual output IO 4 Module 2 Learning and behavioural disorders in vocational rehabilitation

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Lernbehinderungen e.V.
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